

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>9-4-96</u>	2 Serial/Patent # <u>08/635130</u>
3 Please refund the following fee(s):	
<input checked="" type="checkbox"/> Filing	4 PAPER NUMBER
<input type="checkbox"/> Amendment	5 DATE FILED
<input type="checkbox"/> Extension of Time	6 AMOUNT
<input type="checkbox"/> Notice of Appeal/Appeal	\$ 70
<input type="checkbox"/> Petition	\$
<input type="checkbox"/> Issue	\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$
<input type="checkbox"/> Maintenance	\$
<input type="checkbox"/> Assignment	\$
<input type="checkbox"/> Other	\$
7 TOTAL AMOUNT OF REFUND <u>\$ 70</u>	
8 TO BE REFUNDED BY:	
<input type="checkbox"/> Treasury Check	Credit Deposit A/C #: <u>07-0630</u>
10 REASON:	<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>D. B. C.</u>	
SIGNATURE: <u>D. B. C.</u>	TITLE: EXAMINER
OFFICE: <u>IPED</u>	PHONE: <u>308-0591</u>
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****	
APPROVED: <u>Thao Son</u>	DATE: <u>9/25/96</u>

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance

Refund Branch

Crystal Park One, Room 802B

ID	MCH	TPE	NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
D	070	I	070630	07135	960419	960501	101	1,472.00
D	080	I	070630	08071	960711	960715	581	40.00
D	230	I	070630	23189	960711	960716	105	130.00

10 MORE TRANSACTIONS

END OF YOUR QUERY